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30734 7590 03/24/2006
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/944,106	09/04/2001	Troy J. Liebl	114293-1623	1742

TITLE OF INVENTION: APPARATUS AND METHOD FOR DISPLAYING DIAGNOSTIC VALUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/26/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
CHANG, JUNGWON		2154	701-029000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Baker & Hostetler LLP
 1. _____
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SPX Corporation

Charlotte, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2036 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Rabiya S. Kader

Typed or printed name Rabiya S. Kader

06/20/2006 MBSYEME3 00000029 502036 09944106
 Date 01 FC:1501 1400.00 DA
02 FC:1504 4800.00 DA
03 FC:8001 9.00 DA
 Registration No. _____

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